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Atty Docket No. 020014-013911US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Hanley, Susan Marie

Group Art Unit 1651

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Hanley, Susan Marie

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Shawn DeFrees, Application No. 10/658,823, filed September 8, 2003 for GLYCOSYLTRANSFERASE INHIBITORS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time
3. Amendment and Response to Election Requirement

Number of pages being transmitted, including this page: 10

Dated: May 15, 2006

Courtney Gollands
Courtney Gollands

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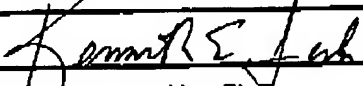
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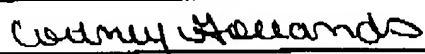
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/658,823
	Filing Date	September 8, 2003
	First Named Inventor	DeFrees, Ph.D., Shawn
	Art Unit	1651
	Examiner Name	Hanley, Susan Marie
	Attorney Docket Number	020014-013911US
Total Number of Pages in This Submission		9

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Kenneth E. Jenkins, Ph.D.	
Date	May 15, 2006	Reg. No. 51,846

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on May 15, 2006.			
Signature			
Typed or printed name	Cortney Gollands	Date	May 15, 2006

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